U.S. Comments on Draft Texts of Chapter 2.3.13 (Bovine Spongiform Encephalopathy) of the OIE *International Animal Health Code*

(Submitted January 15, 2002)

Chapter 2.3.13 (BSE)

The United States of America previously submitted comments outlining our concerns about this Chapter. We continue to have some concerns and ask that you carefully consider these comments. We believe these comments provide sound recommendations based on current scientific knowledge. The recent situation in Europe and Japan only highlights the necessity for these recommendations.

We recognize the difficult task the Ad hoc Group on Bovine Spongiform Encephalopathy (BSE) was charged with. The Group stated that they examined the Chapter taking into consideration recent epidemiological findings and the limits of existing scientific information, and incorporated the principles of risk analysis in developing practical recommendations for dealing with international trade without compromising human or animal health. We believe that it may be time to look at BSE under a different light than we do the more conventional disease agents.

BSE is a fatal zoonotic disease with a long incubation period for which there are currently no pre-clinical tests available. This combination provides little room for error. The situation in Europe has shown that the public has little tolerance for accepting any risk where BSE is concerned. The epidemiological behavior of the disease shows that the agent spreads by movement of contaminated feed and by incubating animals incubating. On the one hand, the European Union (EU) took certain measures to prevent the spread and amplification of BSE; however, on the other hand, the EU restricted the extent of the precautions Member States could take when prohibiting imports. Unfortunately, such policies have apparently contributed to all Member States either having BSE or being at very high risk of having BSE. All Member States must now implement the same stringent control measures.

The OIE Code Chapter on BSE reflects some of the same contradictions. Specifically, the Chapter has language, which allows for the trade of live animals and ruminant products from affected or at-risk countries with some precautions. Given the nature of the disease, these precautions may not prevent BSE from occurring in another country. This fact has recently been demonstrated throughout most of Europe and now also in Japan. To reduce the likelihood if such situations to further occur, the trade of certain products needs to be restricted. This is especially true in regard to the highest risk product - i.e., ruminant-derived meat-and-bone meal (MBM).

Article 2.3.13.21 recommends prohibiting trade in this product only from countries with a high incidence of BSE. Trade is allowed, under certain conditions, from other countries not free from BSE. This material is the main source of contamination throughout Europe. A country that imports this material risks contaminating its entire feeding system even if the ultimate intent was for use in pig or poultry rations. Due to cross contamination, Europe has prohibited the feeding

of rendered animal proteins to all farmed animals. Given the enormity of the consequence, we again strongly urge that this point, among others, be readdressed in the BSE Chapter.

In addition, countries importing live cattle and ruminant MBM from countries with BSE are assessed with higher risk factors than countries not importing such materials. For example, the European Union's GBR tallied live animal imports and ruminant MBM imports from countries with BSE as the primary challenges to a system. Unless these animals are traced, maintained under movement restrictions post entry and then kept from entering the food and feed chains, they will be a risk factor for the importing country. It seems contradictory to have a country adhering to OIE guidelines yet incurring risk for BSE. Therefore, a statement similar to the following should be added to Articles 2.3.13.10, 2.3.13.11, and 2.3.13.12:

"countries should consider tracing and monitoring such imports post-entry, with necessary restrictions to keep risky tissues out of the food and feed chains".

In addition, and based on the rationale above, the specific modification to Article 2.3.13.21 follows:

Article 2.3.13.21.

Ruminant-derived *meat-and-bone meal* or greaves, or any feedstuffs containing such products, which originate from countries **or zones not free of provisionally free of BSE** with a high [incidence of] BSE risk should not be traded between countries.

Ruminant derived *meat-and-bone meal* or greaves, or any feedstuffs containing such products, which originate from countries or zones not free from BSE should not be traded between countries for use in ruminant feed. For other uses, the imported *meat-and-bone meal* or greaves should have been processed in plants which are approved and regularly controlled by the relevant *Veterinary Administration* following validation that each plant can achieve the processing parameters described in Appendix 3.6.3. In addition, if originating from a [provisionally free] country or zone [where at least one indigenous case of BSE has been reported] with a minimal BSE risk or from a country or zone with a [low incidence of] moderate BSE risk, ruminant-derived *meat-and-bone meal* or greaves, or any feedstuffs containing such products, should comply with the provisions in point 2) of Article 2.3.13.22.

Comments on Appendix 3.8.3 (Surveillance and Monitoring Systems for BSE):

General: The change in the surveillance section recommends limiting sampling of cattle with signs suggestive of BSE to cattle over 30 months instead of 24 months. We recommend that this be left at 24 months since there have been documented cases of BSE in cattle less than 30 months of age is not clear. Also, the category of cattle with signs suggestive of BSE is the category where a country is most likely to identify disease. Therefore, we suggest that the last sentence of the first paragraph in Article 3.8.3.2 read as follows:

"Surveillance should primarily focus on cattle over 24 months of age displaying clinical signs suggestive of BSE."

Article 3.8.3.5 – May need to clarify what subpopulations are being referred to in this Article. The neurologically ill, fallen stock, normal, etc.?

Thank you for the opportunity to review this Chapter and associated Appendix.

Sincerely,

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